

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016301

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registrar's No.

2440

STATE FILE NUMBER

FILED MAY 13 1963

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas City

Length of stay in 1b  
86 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 750 W. 47th St.

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
750 W. 47th St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Kate Sleeper Taylor

4. DATE OF DEATH  
Month Day Year  
April 23, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
Feb. 13, 1871

9. AGE (last birthday)  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
92

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
New York City, N. Y.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME  
(Unknown) Sleeper

13b. MOTHER'S MAIDEN NAME:  
Unknown

14. NAME OF HUSBAND OR WIFE  
William Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT  
Address  
Mr. John Taylor III, 1005 Arno Rd.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

cerebral arterio sclerosis

DUE TO (c)

4 1/2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Two previous strokes - 9 Sept 58 & 15 Jan 63

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11 May 1950 to 23 April 1963 and last saw her alive on 23 April 1963  
Death occurred at 9:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Blaine Z. Hubbard MD

22b. ADDRESS  
4320 Wornall Rd. KC Mo

22c. DATE SIGNED  
24 Apr 63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
4-25-63

23c. NAME OF CEMETERY OR CREMATORY  
Mt. Washington

23d. LOCATION (City, town, or county)  
Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR  
Stine & McClure, Kansas

25. DATE RECD. BY LOCAL REG.  
4-25-63

26. REGISTRAR'S SIGNATURE  
A. Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Blaine Z. Hubbard MD

VS 300 Rev. 4/59	DATE AMENDED
1	
2 3698	
3	
4 1	
5 2	
6	
7 1	
8 2	
9 331X	
10	
11	
12 90-0	
13	

Dr. Blaine J. Hubbard  
4320 W. 11th Rd.  
La 1-4350  
10:30-3:30 p.m.

6-OP

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.